

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5164

FILING DATE

MAY 04 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		/					51					
2			/					52					
3			/					53					
4			/					54					
5			/					55					
6			/					56					
7			/					57					
8			/					58					
9			/					59					
10			/					60					
11			/					61					
12			/					62					
13			/					63					
14			/					64					
15			/					65					
16			/					66					
17			/					67					
18			/					68					
19			/					69					
20			/					70					
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42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			/					TOTAL IND.					
TOTAL DEP.			19					TOTAL DEP.					
TOTAL CLAIMS			80					TOTAL CLAIMS					